

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS										
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Best Available Copy

PTO-375 (3-78)